

PLAYER REGISTRATION

TWISTERS HOCKEY LEAGUE



Name :

Age* : Birthdate :
D D M M Y Y

Jersey # : Size :
FIRST CHOICE SECOND CHOICE

Permission to use child's picture on social media: [Yes / No](#)

**If over 18, Form 18 must be signed and included*

Name :

Age* : Birthdate :
D D M M Y Y

Jersey # : Size :
FIRST CHOICE SECOND CHOICE

Permission to use child's picture on social media: [Yes / No](#)

**If over 18, Form 18 must be signed and included*

Parent(s) Name

Address City ZIP

E-Mail Phone

Preferred method of contact (circle one) [Email / Call / Text](#) **I have read and agree to the conduct policy. Please initial here.**

TWISTERS IS A NOT-FOR-PROFIT ORGANIZATION COMPLETELY ORGANIZED AND RUN BY VOLUNTEERS.

All volunteer help is sincerely appreciated.

I am interested in volunteering for

Please select all that apply

Referee Scorekeeping/Stats Fundraising/Sponsorship Concessions Announcing
Music Rink Maintenance/Cleanup Special Events Coaching As needed

Amount Included \$

\$90 for 1st player // \$75 for 2nd player in a single family // \$60 for 3rd and subsequent player in a single family

**Fee includes Jersey. **Limited scholarships available. Scholarship applications are available upon request.*

Make checks payable to Twisters Hockey League.

Venmo@twistershockeyleague available for a small additional fee (one player add \$1.81/ 2 players add 3.24)

MAIL THE COMPLETED FORM AND FEES TO
Twisters Hockey League, PO Box 11, Hallsville, MO 65255

twistershockey36@gmail.com
www.twistershockey.com

THANK YOU FOR YOUR INFORMATION



COMPLETED FORM PAYMENT WAIVER CONDUCT CODE FORM 18 COMMISSIONER